

OPTIONS* TO REACH GENERAL FUND SAVINGS \$1,650,000**	ESTIMATED GENERAL FUND SAVINGS	IMPACT (People Served, Providers, Employees)	RURAL v. URBAN	SAVINGS CALCULATION	TIME TO IMPLEMENT	RATIONALE										
Eliminate at least 10 FTE region staff through combination of Reduction in Force (RIF), hiring freeze and retirement	\$150,000 (\$15,000 per FTE cut)	Direct impact to 10 staff; indirect impact on remaining employee’s morale and workload.	No distinction.	The average state general fund cost of regional employees is about \$15,000 per year.	RIFs and retirement will take place before July 15, 2010; attrition throughout the year.	Implementation of reduced budgets.										
Further reduce operating expenses: continue elimination of overtime; maintain in-state and out-of-state travel restrictions; freeze computer replacements; all purchases	\$8,600	Employee morale and productivity may be impacted.	No distinction, though travel restrictions will impact rural more.	Savings are low because we have already done so much trimming and our budgets now reflect the lower costs.	Immediate and ongoing.	We are truly looking under all of the “sofa cushions” for any cost savings. We want to preserve services for people.										
Reduce monitoring requirements per legislative intent language; (Reduce one FTE)	\$40,000	Increased risk of undetected fraud.	No distinction.	Savings come from attrition of one employee.	Without attrition, we will have to RIF.	Legislative intent language.										
Private support coordinators will be paid 15% less; per legislative intent language, reduce support coordinator reporting and oversight functions and increase caseload level maximums	\$570,000 (15%)	Visits to people will be less frequent; caseload maximum increases due to rate reduction may reduce quality.	Rural impact will be greater, since there are fewer chances to pick up new cases.	Reduction in units of service required and rate; caseload maximum increased.	July 1, 2010.	Legislative intent language.										
Additional lease savings from closing Bountiful, Ogden, Cedar City, Delta, Moab, Nephi, Richfield, Tooele, Spanish Fork and Heber	Varies – Up to \$66,000 (savings may be delayed)	Less customer service and access; morale and productivity impacted.	Rural areas are more impacted.	\$66,000 is the maximum savings.	Unknown - will depend on DFCM and market conditions.	We now have 125 fewer employees, less space needed.										
Eliminate intensive rate for residential services (RHI), replace existing ratios with standard rate for residential service (RHS)	\$202,000	Impact to 9 providers and about 80 people. Rates per hour of service will drop.	Northern and Central region providers have built programs based on the enhanced rate.	Reduction in rate from \$14.07 per hour down to \$12.02 per hour. Yields \$202,000 savings in GF.	Gradually reduce over 90 day increments with all RHI gone by June 30, 2011	Division has discussed that this rate may be eliminated for a year, so many providers already are limiting its use.										
Eliminate single person programs and require shared staffing for people in residential settings	\$200,000	Will impact up to 180 people, some of whom lack guardians.	It may be harder to create shared staffing in rural areas.	Changing from 1:1 service ratios to 1:2; actual savings may be higher if 1:3 (subject to health and safety).	Notices begin to be sent in May or June, full implementation as close to July 1, 2010 as possible	Many states do not allow this; no economy of scale; much higher costs.										
Example: Robert is a 32 year old with mild MR and mental illness. In the past, he has had a difficult time with roommates and can be aggressive. As an accommodation, he lives alone with 24 hour per day staff. If we eliminate single person programs, DSPD would require that Robert’s provider create an environment where they are supporting people in close proximity thus staffing can be shared. At night, technology may be used to monitor Robert’s safety and location.																
Establish normal daily rate for day services at equivalent of 1:3 (intent is to limit 1:1 and 1:2): temporary, time-limited higher ratios will be approved to meet health and safety	Up to \$600,000	Potential impact to 30 providers and over 1200 people who currently get 1:1 or 1:2 day supports.	Rural areas without group options may require exceptions	\$600,000 in GF is a portion of the cost savings if some services were moved to 1:3 immediately.	Gradually reduce over 90 day increments	Utah’s 1:1 and 1:2 ratios are higher than many states										
Example: Sally is a 25 year old with autism. She graduated from special education at 22. At that time, her team felt she had a high need for structure and routines and would have a hard time adjusting to the day program without one-on-one supports. Her day program is 6 hours a day. She has adjusted to the routines of her day program and now her staffing could be reduced during this 6 hour period.																
Establish normal daily rate for residential services at equivalent of 1:3 (limit 1:1 and 1:2): temporary, time-limited higher ratios will be approved to meet health and safety	Up to \$780,000 in first year	Potential impact to 34 providers and over 2200 people who currently get 1:1 or 1:2 residential supports.	Rural areas without as many options may require exceptions	\$780,000 in GF is a portion of the cost savings if some services were moved to 1:3 immediately.	Gradually reduce over 90 day increments	Utah’s 1:1 and 1:2 ratios are higher than many states										
Example: James is a 45 year old with severe MR. His parents supported him at home until he was 40, but then his dad passed away and his mom was no longer capable of managing his behavior. After one particularly violent outburst, residential services were ordered at 1:1 staffing. James’ provider implemented a strong and effective behavioral support plan. Now that James has adjusted and his behaviors improved, his staffing can safely be changed primarily to 1:3.																
Curtail use of intensive day support rate (DSI) except in rural settings or when no other day support options exist	\$146,500	Will impact day providers who serve about 100 people.	Rural areas without group options may require exceptions	Reduction in rate from \$23.20 per hour down to \$17.05 per hour. Yields \$146,500 savings in GF.	Gradually reduce over 90 day increments, with all DSI possible gone by June 30, 2011	Division has discussed that this rate may be eliminated for a year, so many providers already are limiting its use.										
Eliminate the following rate codes and service: Personal Budget Assistance (PBA) Behavioral Consultation I (BCI) Extended Living Service (ELS) – replace with added residential hours Motor Transportation Payment (MTP)	\$80,000 \$200,000 \$100,000 \$625,000	<table><tr><td><u>Providers</u></td><td><u>People</u></td></tr><tr><td>40</td><td>1430</td></tr><tr><td>33</td><td>677</td></tr><tr><td>26</td><td>143</td></tr><tr><td>46</td><td>1400</td></tr></table>	<u>Providers</u>	<u>People</u>	40	1430	33	677	26	143	46	1400	MTP (transportation) will have a greater impact on rural providers who already are highly subsidizing transportation.	General fund savings come from eliminating the service outright.	July 1, 2010	These are unpopular cuts; we may not receive support from health and CMS.
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*Some options may require Medicaid approval and may result in administrative hearings

**\$950,000 cut delayed to FY2011

\$700,000 unfunded mandated additional needs